| SEC Form 4 | |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to |
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| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB APPRC | VAL |
|-------------------------|-----------|
| OMB Number: | 3235-0287 |
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| 1. Nume and Address of Reporting Ferson | | n* | 2. Issuer Name and Ticker or Trading Symbol BioXcel Therapeutics, Inc. [BTAI] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|-----------|----------|---|--|-------------------------------------|-----------------------------|--|--|--|
| (Last) (First) (Middle) | | | | х | Director Officer (give title | 10% Owner Other (specify | | | |
| | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | | below) | below) | | | |
| | | , | 12/03/2018 | | Chief Scientific O | Officer | | | |
| 555 LONG WH | ARF DRIVE | | | | | | | | |
| , | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | idual or Joint/Group Filing (| Check Applicable | | | |
| (Street) BRANFORD | СТ | 06511 | | X | Form filed by One Report | ing Person | | | |
| | | | | | Form filed by More than C Person | One Reporting | | | |
| (City) | (State) | (Zip) | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| ······································ | | | | | | | | | | | |
|--|--|---|------|--------------------------------------|--------|---------------|----------|---|---|---|--|
| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Of Code (Instr. | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) | |
| Common Stock | 12/03/2018 | | Р | | 450 | A | \$5.2299 | 1,400 | D | | |
| Common Stock | 12/04/2018 | | Р | | 450 | A | \$5.1973 | 1,850 | D | | |

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Nut of Deriv Secur Acqu (A) or Dispo of (D) (Instr and 5 | ative rities ired osed | 6. Date Exerc Expiration Da (Month/Day/N | Amour Securi Underl Deriva | mount of Derivative ecurities Security Inderlying erivative ecurity (Instr. 3) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---|---|--|---|------------------------------|---|--|---------------------------------|--|-------------------------------------|---|--|--|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

<u>/s/ Frank Yocca</u>

<u>12/05/2018</u>

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.